

**CITY OF GEORGETOWN
CITY CLERK – SUE LEWIS
502-863-9804**

OPEN RECORDS REQUEST

Date: _____

Under the Open Records request **KRS 61.0870 (2)**, I am requesting to review or copy:

Please certify below whether your intended use for the requested material is commercial or non-commercial. If the use is non-commercial, we need no further information. If the use is commercial, we will determine the appropriate charge for that material based upon **KRS 61.874 (4)**.

Non-commercial _____

Commercial _____

I understand the City has three (3) business days to respond to my request, and the cost of one (1) copy is \$.10 per page, or a reasonable cost for reproducing the record. In the event the City refuses my request, I understand that the refusal will state the justification for the refusal and will be provided to me at the time a response is due.

Print Name

Sign Name

Address

Telephone Number